

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90165 009 ***150.00

DOCUMENT # P05000119945

1. Entity Name
MOMMA'S BAKED GOODS, INC.



Principal Place of Business
**1024 PROVIDENCE LANE
OVIEDO, FL 32765 US**

Mailing Address
**1024 PROVIDENCE LANE
OVIEDO, FL 32765 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

03292007 Chg-P CR2E034 (12/06)

4. FEI Number
14-1942332

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AWAD, AIDA
1024 PROVIDENCE LANE
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
AWAD, AIDA
1024 PROVIDENCE LANE
OVIEDO, FL 32765**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SOLIS, MARIEL
4021 MONTARA CT.
ORLANDO, FL 32817**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: Aida Awad 4/16/07
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #